Fill in this information to identify your cas	se:	
Debtor 1 Joseph McCo	omb	_
Debtor 2 Melanie McC (Spouse, if filing)	omb	_
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA, PHILADELPHIA DIVISION	_
Case number (If known) 18-12258		Check if this is: ■ An amended filing □ A supplement showing postpetition chapter 13
Official Form 106I		income as of the following date:

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
atťach a sep	If you have more than one job,	Employment status	■ Employed	■ Employed
	attach a separate page with information about additional		☐ Not employed	☐ Not employed
	employers.	Occupation		
	Include part-time, seasonal, or self-employed work.	Employer's name	Ancillare LP	Toyota Trevose
	Occupation may include student or homemaker, if it applies.	Employer's address	700 Enterprise Rd Horsham, PA 19044-3505	2425 Lincoln Hwy Trevose, PA 19053-6804
		How long employed th	nere? <u>1 years</u>	3 years

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 5,750.01 1,269.52 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 3. Calculate gross Income. Add line 2 + line 3. 5,750.01 1,269.52

Official Form 106I Schedule I: Your Income page 1

Deb	tor 2	McComb, Joseph & McComb, Melanie	_	(Case n	umber (if known)	18-12258	3	
					For D	Debtor 1	For Debt	or 2 or	
							non-filin	g spouse	
	Copy	y line 4 here	4.		\$	5,750.01	\$	1,269.52	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	1,105.64	\$	203.37	
	5b.	Mandatory contributions for retirement plans	5b.		\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.		\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.		<u>\$</u> —	0.00	\$	0.00	
	5e.	Insurance	5e.		\$	0.00	\$	0.00	
	5f.	Domestic support obligations	5f.		\$	0.00	\$	0.00	
	5g.	Union dues	5g.		\$	0.00	\$	0.00	
	5h.	Other deductions. Specify: horsham Local	5h.		\$		+ \$	0.00	
	-	horsham twp	_		<u>\$</u> —	4.33	\$	0.00	
		medical	_		\$	742.19	\$	0.00	
		Pa sui tax	_		\$	0.00	\$	0.78	
		bensalem twp	_		\$	0.00	\$	2.17	
		bensalem t			\$	0.00	\$	12.26	
		vol ben post	_		\$	0.00	\$	6.76	
		vol ben pre			\$	0.00	\$	43.64	
		401 K ee			\$	0.00	\$	25.39	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,902.23	\$	294.37	
7.	Calc	rulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,847.78	\$	975.15	
8.	List	all other income regularly received:							
	8a.	Net income from rental property and from operating a business,							
		profession, or farm							
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.		\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.		\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent			· —	0.00	·		
		regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce	90		\$	0.00	\$	0.00	
	8d.	settlement, and property settlement. Unemployment compensation	8c. 8d.		\$ 	0.00	\$	0.00	
	8e.	Social Security	8e.		\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive	00.	•	Ψ	0.00	Ψ	0.00	
	01.	Include cash assistance and the value (if known) of any non-cash assistance							
		that you receive, such as food stamps (benefits under the Supplemental							
		Nutrition Assistance Program) or housing subsidies.	۰,		•		•		
	_	Specify:	8f.		\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.		\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify: tax refund	8h.	.+	\$	0.00	+ \$	399.75	
9.	٨٨٨	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	ſ	<u> </u>	0.00	\$	399.75	
٥.	Auu	an other moonie. Add into our obrotrour our or	٥.	Ľ		0.00		399.73	
			Г						
10.		sulate monthly income. Add line 7 + line 9.	10.	\$_	3	,847.78 + \$	1,374.9	90 = \$ 5,22	22.68
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L						
11.		e all other regular contributions to the expenses that you list in Schedule					.1		
		de contributions from an unmarried partner, members of your household, your der r friends or relatives.	epende	ents	s, your	roommates, an	d		
		ot include any amounts already included in lines 2-10 or amounts that are not ava	ailable i	to r	oav ex	penses listed in	Schedule J.		
	Spec					•		1. +\$	0.00
12	bbΔ	the amount in the last column of line 10 to the amount in line 11. The resu	ılt is th	ne c	ombir	ned monthly inc	ome		
		e that amount on the Summary of Schedules and Statistical Summary of Certain						2. \$ 5,2 2	22.68
								Combined	
								monthly inc	ome
13.	Do y	ou expect an increase or decrease within the year after you file this form?	?					•	
		No.		_					
		Yes, Explain:							